MEMORIAL*

CHARLES C. WOLFERTH, M.D.

By T. GRIER MILLER, M.D.

Charles Christian Wolferth died of a ruptured aorta on Christmas Day, 1965. He was born on May 18, 1887, in New Jersey, at Wolferth Station, named for his grandfather. He was an only child and his family was of German origin. His father, John Christian Wolferth (1861–1929) was a farmer and collaborated in federal agricultural research. His mother, Mary L. (Rode), subsequently lived with her son until her death in 1960. Meantime Charlie, in 1922, had married Mary Beatrice (Comber) and by her had three children: Mary Beatrice (Crosby), Charles Christian, Jr., a surgeon, and Caroline Grau (Amidon). Their mother died in 1949. Later Dr. Wolferth married Dr. Mary Livezey.

As a boy in school Charlie worked on his father's farm in the early mornings. As a student at Princeton he played football, became a Phi Beta Kappa and was planning to become a lawyer, but before his graduation in 1908 decided instead to take up medicine. He obtained his M. D. degree at the University of Pennsylvania in 1912, having been elected to A O A and the presidency of his class. After two years as an Intern and another year as a Resident in Clinical Pathology at this University's Hospital he became its first Chief Medical Resident (1915–16). Then he went to Youngstown, Ohio, as an internist and clinical pathologist. In 1917, with the onset of war, he joined Base Hospital No. 31. As a Major and chief of the Medical Service of this hospital in Contrexiville, France, he first became interested in patients with cardiovascular diseases. Following termination of the war and before his return home he had some experience with electrocardiography and did some work on the effort syndrome in Sir Thomas Lewis' Laboratory in England.

On his return to Philadelphia in 1919 Dr. Wolferth again became associated with the University of Pennsylvania Hospital. By that time Dr. Alfred Stengel had secured an electrocardiograph and already Dr. Edward Krumbhaar had been experimenting with it. Because of Dr. Wolferth's special interest in the new diagnostic technique and of his experience with it in England, Dr. Stengel asked him to organize a cardiovascular laboratory. Soon thereafter, and at his own request, permission was granted for him to develop a cardiovascular clinic, modelled

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after those he had seen in London. Its accomplishments were such that by 1928 the Edward C. Robinette Foundation for Cardiovascular Research was established with Dr. Wolferth in charge. Meantime Thomas M. McMillan, Alexander Margolies, Samuel M. Bellet, Eugene M. Landis, Lewis H. Hitzrot and Francis C. Wood had become associates; subsequently other well-known physicians such as Hugh Montgomery, William A. Jeffers, John J. Sayen, Calvin F. Kay, Truman J. Schnabel, Jr., and Harry P. Zinsser.

Dr. Wolferth became a Professor of Clinical Medicine in 1925 and a full Professor in 1946. In spite of becoming Emeritus six years later he maintained throughout his professional life an absorbing interest in productive investigative activities as well as in teaching and the practice of medicine. His first publications on cardiovascular diseases appeared in 1920 and among the 140 subsequent ones were many that constituted significant contributions to medical knowledge. A close associate has listed the following subjects in which he had a lasting interest and on which his publications had had a seminal effect: the arrythmias, anorexia, hypertension, the anginal syndrome, the formation of heart sounds, the diagnosis of infarction by chest leads, experimental myocardial ischemia, bundle branch block, subtotal adrenalectomy combined with sympathectomy for the relief of hypertension and congestive failure and a critical evaluation of electrocardiographic lead systems and of the deficiencies of "official" electrocardiographic theory. Also he published important articles on myocardial aneurysms, on luetic heart disease, on trepopnea, on the cardiac symptomatology of gallbladder affections, esophageal spasm, and thyroid dysfunction. He had an equal interest in cardiac catheterization and in surgical procedures for congenital, rheumatic and coronary diseases. He suggested the possibility of mitral valve surgery long before it was accomplished; also that a dilated left atrium might be plicated.

I wish especially to emphasize Dr. Wolferth's interest in, and enthusiasm for, the practice of medicine. In the beginning it was essential because it afforded him, like most of his associates of that time, his only financial remuneration. It fascinated him, however, because he liked people and it permitted a long-time observation of the progress of disease. It led to an appreciation of the influence of heredity, environment, family relationships, other factors and life objectives on cardiovascular and other physical disturbances. Also, because it necessitated a careful overall physical examination and an evaluation of abnormalities of other bodily systems in their relationships to cardiovascular disturbances, it brought about and maintained for him a deep concern about the patient as a whole. Indeed he repeatedly stated that he preferred to be

regarded as an internist rather than a cardiologist. Thus he was one of a generation of physicians, now becoming less common, who had a broad conception of the patient.

Dr. Wolferth became a member of our American Clinical and Climatological Association in 1929. Also he was a member of the Association of American Physicians, the College of Physicians of Philadelphia and the Interurban Clinical Club. Although a frequent participant in symposia he only rarely attended meetings outside his hospital. This doubtless accounts for a lack of official administrative positions and the associated honors that his professional accomplishments merited.

In spite of a real sense of humor Dr. Wolferth had little enthusiasm for social activities. He was an avid reader, especially of professional publications, an independent thinker and always interested in facts rather than theories. He was little influenced by the opinions of others, except of those whom he regarded as original thinkers. Neurophysiology especially interested him. New ideas, however radical, fascinated him. He had excellent clinical judgment, an understanding of human nature and great compassion. He was an outstanding clinician, a good teacher, a productive investigator and an exceptionally able consultant. He was a true friend to all acquaintances, adored by his patients and an inspiration to his family and colleagues.